



COMMUNITY MEMBERSHIP AGREEMENT FY2014-2015

Mission: Creating a sustainable, tobacco free environment by using evidenced-based education and outreach within Wichita County focused on disparate populations.

Please complete the below information:

_____ Contact Name	_____ Organization/Business Name <i>(if applicable)</i>
_____ Street Address	_____ City, State, ZIP
_____ Phone Number	_____ E-mail Address

Alternate Representative Name, Phone, and E-mail Information (if different from above)

Wichita County-TPCC Members can be counted on to:

- Encourage and promote the Wichita County TPCC mission and services.
- Identify and help address tobacco related health disparities in Wichita County.
- Pursue and share resources to support coalition's capacity as needed.

Please check which box represents your membership affiliation

- ☐ **Active Member*** - Attend coalition meetings and participate in planning committees.
☐ **Informed Member** – Stay informed with updates, invited to attend coalition meetings and functions
☐ **New Agreement** or ☐ **Renewed Agreement**

All members please check the appropriate Community Sector(s) which you are associated

- | | |
|---|--|
| <input type="checkbox"/> Parent / Concerned Citizen | <input type="checkbox"/> Youth (18 & under) |
| <input type="checkbox"/> Law Enforcement Agency | <input type="checkbox"/> Educational Institutions |
| <input type="checkbox"/> Youth Serving Organization | <input type="checkbox"/> Faith-based and/or Fraternal Organization |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Civic and Volunteer Groups |
| <input type="checkbox"/> Media Organization | <input type="checkbox"/> HealthCare and Public Health Professional |
| <input type="checkbox"/> State and Local Government | <input type="checkbox"/> Substance Abuse Related Organization |

What resources will you be willing to contribute to the coalition? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Networking Skills | <input type="checkbox"/> Communication and Writing Skills |
| <input type="checkbox"/> IT Experience | <input type="checkbox"/> Tobacco Prevention and Cessation Expertise |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Knowledge of local policies |
| <input type="checkbox"/> Educational Tools | <input type="checkbox"/> Experience with youth |
| <input type="checkbox"/> Volunteer for Activities | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Space (for meetings/events) | <input type="checkbox"/> Refreshment/Catering for Meeting or Events |

***Active members please check your committee interest(s)**

- | | |
|---|--|
| <input type="checkbox"/> Executive Committee | <input type="checkbox"/> Community Epidemiology Workgroup |
| <input type="checkbox"/> Healthcare Provider Outreach | <input type="checkbox"/> Worksite Outreach |
| <input type="checkbox"/> Higher Education Tobacco-free Campuses | <input type="checkbox"/> Youth Tobacco Prevention Curriculum |
| <input type="checkbox"/> Youth Outreach | <input type="checkbox"/> Compliance and Enforcement |
| <input type="checkbox"/> Coalition Development | <input type="checkbox"/> Media Relations |

Signature (Name if signing electronically)

Date

☐ By checking this box I attest that I am an authorized representative of the above mentioned and accepts to sign and submit this document electronically. This agreement is effective from date signed and will be updated annually.